

<i>SERFF Tracking Number:</i>	<i>AMLC-126440392</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>44470</i>
<i>Company Tracking Number:</i>	<i>2010AROLDUA</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2010 Hospital and Surgical Expense Policy Forms MCXC &amp; MRXC</i>		
<i>Project Name/Number:</i>	<i>2010 Rate Filing/2010AROLDUA</i>		

## Filing at a Glance

Company: United American Insurance Company

Product Name: 2010 Hospital and Surgical Expense Policy Forms MCXC & MRXC      SERFF Tr Num: AMLC-126440392      State: Arkansas

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense      SERFF Status: Closed-Approved- Closed      State Tr Num: 44470

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense      Co Tr Num: 2010AROLDUA      State Status: Approved-Closed

Filing Type: Rate

Author: Sue Fisher

Date Submitted: 01/04/2010

Reviewer(s): Rosalind Minor

Disposition Date: 01/05/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 02/01/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 Rate Filing

Project Number: 2010AROLDUA

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: There are no remaining policies in force in Nebraska our state of Domicile, so a filing is not being submitted to Nebraska

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/05/2010

Created By: Sue Fisher

Corresponding Filing Tracking Number:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 8%

Filing Status Changed: 01/05/2010

Deemer Date:

Submitted By: Sue Fisher

Filing Description:

Attached is our 2010 Rate Filing for Hospital and Surgical Expense Policy Forms MCXC and MRXC. We are requesting a rate change as indicated on our Rate Filing Summary Pages and as listed below.

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<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
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MCXC +8.0%

MRXC +8.0%

An Actuarial Memorandum, premium rate schedule, and other supporting documentation are provided for your consideration.

## Company and Contact

### Filing Contact Information

Sue Fisher, Rate Compliance Specialist  
3700 S. Stonebridge Drive  
McKinney, TX 75070

sfisher@torchmarkcorp.com  
972-569-3241 [Phone]  
972-569-3679 [FAX]

### Filing Company Information

United American Insurance Company  
P.O. Box 8080  
McKinney, TX 75070-8080  
(972) 529-5085 ext. [Phone]  
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CoCode: 92916  
Group Code: 290  
Group Name: Liberty National  
FEIN Number: 73-1128555

State of Domicile: Nebraska  
Company Type: Life and Health  
State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	01/04/2010	33237526

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	01/05/2010	01/05/2010

SERFF Tracking Number: AMLC-126440392 State: Arkansas  
Filing Company: United American Insurance Company State Tracking Number: 44470  
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Product Name: 2010 Hospital and Surgical Expense Policy Forms MCXC & MRXC  
Project Name/Number: 2010 Rate Filing/2010AROLDUA

## Disposition

Disposition Date: 01/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of an 8% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	8.000%	8.000%	\$	3	\$	8.000%	8.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	2010 OLDUA Supporting Documents	Approved-Closed	No
<b>Rate</b>	2010 AR MCXC & MRXC rate Page(s)	Approved-Closed	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	12.000%
<b>Effective Date of Last Rate Revision:</b>	05/01/2009
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	8.000%	8.000%		3		8.000%	8.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 01/05/2010	2010 AR MCXC & MRXC rate Page(s)	MCXC, MRXC	Revised	Previous State Filing Number: Percent Rate Change Request: 41721 8.000	2010 AR MCXC & MRXC Rate Pages.pdf

# UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MCXC

2010 Rate Filing

ARKANSAS

## Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$1,443	\$1,558
Modal Premium Factors:		
Semi-Annual	= Annual * .520 (rounded to near dollar)	
Quarterly	= Annual * .265 (rounded to near dollar)	
Monthly	= Annual / 11 (rounded to near dollar)	
For Company Use: Plan Code 440		



# UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MRXC

2010 Rate Filing

ARKANSAS

## Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$1,235	\$1,334
Modal Premium Factors:		
Semi-Annual	= Annual * .520 (rounded to near dollar)	
Quarterly	= Annual * .265 (rounded to near dollar)	
Monthly	= Annual / 11 (rounded to near dollar)	
For Company Use: Plan Code 450		